

Requesting an Education, Health and Care (EHC) Needs Assessment

Information for Parents, Carers and Young People

This form serves the purpose of supporting a young person requesting an EHC needs assessment or a parent/carer requesting an assessment on their behalf.

Please note that this form is to be completed by Camden residents only. If the assessment request is for a child or young person who attends a Camden school but lives in another borough, please contact the SEN team in the borough you reside.

The vast majority of children and young people will have their needs met from the services that are normally available locally. You can find details of these services through Camden's Local Offer at www.localoffer.camden.gov.uk or on the school's website.

In considering whether an EHC needs assessment is necessary, the local authority should consider whether there is evidence that despite the early years provider, school or post-16 institution having taken relevant and purposeful action to identify, assess and meet the special educational needs of the child or young person, the child or young person has not made expected progress. This will apply to a very small number of children and young people.

If you have any questions about filling in this form, please telephone the SEND Team on 0207 974 6500 or email sen.assessment@camden.gov.uk

Alternatively you may wish to seek help from an Independent Supporter: SENDIASS (0207 974 6264).

When you have completed this form please return it, together with reports from professionals involved in working with you/your child to:

SEN Team
Camden Town Hall
Judd Street
London, WC1H 9JE

or by email to sen.assessment@camden.gov.uk

Part A:

1. Details of the child / young person

*mandatory information

*Last Name:			*Child first name:		
Preferred Name:			*DOB:		Year group:
*Ethnicity:		Religion:		*Gender:	Male / Female
*Address:				*NHS Number:	
	Postcode:				
First Language (inc British Sign Language):		Is an interpreter required?		Yes / No	
*Name and address of nursery/school/college currently attending:					

2.a. Details of parent/carer 1

*Full names of parent/carer:					
*Relationship to the child: e.g. parent, grandparent, foster carer		*Does this person(s) have parental responsibility for this child?	Yes / No		
*Address (if different from child/young person):			*Postcode:		
First Language (inc British Sign Language):		Is an interpreter required?		Yes / No	
*Telephone number:		Mobile number:			
Email address:					

2.b. Details of parent/carer 2

*Full names of parent/carer:			
*Relationship to the child: e.g. parent, grandparent, foster carer		*Does this person(s) have parental responsibility for this child?	Yes / No
*Address (if different from child/young person):		*Postcode:	
First Language (inc British Sign Language):		Is an interpreter required?	Yes / No
*Telephone number:		Mobile number:	
Email address:			

By law we are required to know all who have parental responsibility for your child. Please add anyone else with parental responsibility below:

*Full names of anyone else with parental responsibility for the child/young person:			
*Address (if different from child/young person):		*Postcode:	
First Language (inc British Sign Language):		Is an interpreter required?	Yes / No
*Telephone number:		Mobile number:	
Email address:			

3. Sibling names and dates of birth

Name	DOB

4. Professional Involvement

Have you discussed making this application with the nursery, school or college?	Yes / No
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If you answered 'no' could you please tell us why?		
If you answered 'yes' please provide their contact details:	Name:	
	Contact number:	
	Email:	

Please list any relevant professionals that have assessed or been involved with you/your child and their contact details where possible. Include copies of any reports so we can fully consider your request for an assessment. If the LA agrees to proceed with an EHC needs assessment, the SEN Team will request statutory advice from these services/agencies, as deemed appropriate.

Service	Named Professional / Address	Tick if seen in the last year	Tick if report enclosed
Educational Psychologist:			
Advisory Teacher:			
Social Worker:			
Medical professional/s: (e.g. GP or Paediatrician)			
Speech & Language Therapist:			
Occupational Therapist:			
Physiotherapist:			
Health Visitor:			
Child & Adolescent Mental Health Services (CAMHS):			
Other:			

Part B:

1. Please identify area(s) of need by putting a cross next to the appropriate box(es):

Communication and Interaction

Cognition and Learning

Speech, Language and Communication

Moderate Learning Difficulties

Autism

Severe Learning Difficulties

Sensory and/or Physical Needs

Profound and Multiple Learning Difficulties

Visual Impairment

Specific Learning Difficulty

Hearing Impairment

Social, Emotional and Mental Health Difficulties

Multi-Sensory Impairment

Physical Disability

Social Care

Medical, please specify:

Other, please specify:

How do the above needs affect you/your child in the educational setting?

2. Are there any other relevant factors that impact on you/your child's learning, progress, development, health or emotional well-being? Please give as much detail as you can.

3. What are your reasons for making this request and how do you think an Education, Health and Care needs assessment and potential plan would help you/your child?

Part C:

1. About you/your child

This section is for you/ you and your child to tell us your story. There are some prompts below to help you provide this information but you can present it in any way that you like.

All about me

This section is to record the views, interests and ambitions of the child or young person where possible. Please show where the child or young person is speaking directly using "I" or mark clearly when the views of the child or young person are being represented by parents, carers or professionals.

If anyone helped write this, who was it and how did they help?

Please refer to the EHC guidance (www.localoffer.camden.gov.uk) for supporting children and young people to complete this section. Other person centred planning tools and media may be used to record views as appropriate.

Who is in my family? Who is important to me?

My history: this could include: my early childhood; my education so far; my friendships and relationships; other people who are important to me; pets

My interests

What is important to me?

What is important for me?

What I like about me and what I am good at

How I communicate

How to communicate with me so I understand

My health needs

How independent am I? What would help me to be more independent?

What support do I already get that is working well?

What's not working? What would I like to change?

New things I would like to try

My aspirations and goals for the future

E.g. the sort of person I would like to be and what I would like to do in the future.

Long-term goals might include: health and wellbeing; friendships and relationships; community inclusion; education and employment; independent living.

My views:

2. About my family / carers' views

This section is to record the views and ambitions of the parents/carers and other family members in relation to the child or young person.

Who wrote this section

Please refer to the EHC guidance (www.localoffer.camden.gov.uk) for supporting family/carers to complete this section. This section is intended to be a summary. Additional detailed information can be supplied by parents/carers and included as an appendix and noted in Section K if necessary.

Essential information you need to know about my child or young person

History: This could include: early childhood; education so far; friendships and relationships

Who are the important people in their life?

What are their interests?

What is important to them?

What is important for them?

What do others like and admire about them?

How do they communicate with others?

How do others communicate with them?

What are their health needs?

How independent are they? What would help them to be more independent?

What support do they have from family and others that is working well?

What is not working? What would you like to change?

What new things they would like to try?

What support do you need as a family?

Our aspirations and goals for the future

E.g. the sort of person I would like my child to become and what I would like them to do in the future.

Long-term goals might include: health and wellbeing; friendships and relationships; community inclusion; education and employment; independent living.

My family / carers' views:

Part D: Consent for Education, Health and Care Plan Assessment

To be completed when a parent is requesting the assessment

I confirm that I am requesting a statutory EHC needs assessment of my child's needs. I understand that by signing below, I give explicit consent for Camden LA to seek and share advice on my child with professionals relevant to this process including Educational Psychology Service, Health Authority services and Children's Safeguarding and Social Work.

Name	
Signature	
Date	

To be completed when a young person is requesting the assessment

I confirm that I am requesting a statutory EHC needs assessment of my needs. I understand that by signing below, I give explicit consent for Camden LA to seek and share advice about me with professionals relevant to this process including Educational Psychology Service, Health Authority services and Children's Safeguarding and Social Work/Adult Social Care.

Name	
Signature	
Date	